Goddard Procedural Requirements (GPR)

DIRECTIVE NO.	GPR 1410.1G	**APPROVED BY Signature:**	*Original signed by Arthur F. Obenschain for*
EFFECTIVE DATE:	June 15, 2011	**NAME:**	Robert Strain
EXPIRATION DATE:	June 15, 2016	**TITLE:**	Director

COMPLIANCE IS MANDATORY

Responsible Office: 270/Information and Logistics Management Division

Title: Directives Management

GODDARD INTERIM DIRECTIVE (GID) 1410.3, HIGH PRIORITY PROCESS CHANGES TO GPR 1410.1G, IMPLEMENTS CHANGES TO THE CENTER'S GPR REVIEW PROCESS.

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PREFACE

P.1 PURPOSE

The purpose of this GPR is to define responsibilities, procedures, and requirements for creating, processing, and maintaining GSFC directives, PGs and WIs.

P.2 APPLICABILITY

This GPR applies to all Goddard Space Flight Center civil servants, and to contractors to the extent specified in their contracts.

P.3 AUTHORITIES

a. NPD 1400.1, Documentation and Promulgation of Internal NASA Requirements
b. NPR 1400.1, NASA Directives Procedural Requirements

P.4 APPLICABLE DOCUMENTS

a. NPR 1441.1, NASA Records Retention Schedules (NRRS)
b. GPR 1060.1, Management Responsibility
c. GPR 1400.1, Waiver Processing
d. GPR 1410.2, Configuration Management
e. GPR 1420.1, Forms Management
f. GPR 1440.8, Records Management
g. GSFC Form 3-16, Goddard Policy Directive (GPD) Template
h. GSFC Form 3-17, Goddard Procedural Requirements (GPR) Template
i. GSFC Form 3-18, Procedures and Guidelines (PG) Template
j. GSFC Form 3-19, Work Instruction (WI) Template
k. GSFC Form 3-20, Goddard Interim Directive (GID) Template
l. GSFC Form 11-20, Route Sheet
m. GSFC Form 3-15, Directive Review Summary Report
n. GSFC Form 3-15A, Final Directorate Review Summary Report
o. GSFC Form 3-15B, Directorate Review Summary Report

P.5 CANCELLATION

GPR 1410.1F, Directives Management

P.6 SAFETY

None

P.7 TRAINING

Directorate Directives Managers (DDMs) shall be trained by the Center Directives Manager (CDM), and DDMs shall train Directive Managers (DMs) to: access directives, PGs and WIs, post documents for review, review directives and submit comments, and disposition comments. All employees, both civil servant and contractor, shall be familiar with GPR 1410.1 and with the Goddard Directives Management System (GDMS).

P.8 RECORDS

Record Title	Record Custodian	Retention
Directive Case File for Center-level directives, as described in Section 2.5	Center Directives Management Office	*NRRS 1/72B1 Permanent - retire to Federal Records Center 5 years after cancellation or when superseded. Transfer to National Archives and Records Administration in 5-year blocks when 20 years old.
Directive Case File for PGs and WIs, as described in Section 1.4	Office of Primary Responsibility	*NRRS 1/72B1

**NRRS – NASA Records Retention Schedules (NPR 1441.1)*

P.9 MEASUREMENT/VERIFICATION

The Center Directives Manager (CDM) shall collect and provide Center review cycle time, expiring directives, revalidations and administrative extensions data to the Management System Council (MSC) no less than quarterly.

PROCEDURES

In this document, a requirement is identified by "shall," a good practice by "should," permission by "may" or "can," expectation by "will," and descriptive material by "is."

CHAPTER 1. GSFC Directives Management Program Responsibilities

1.1 The Approving Authority shall review and approve directives for distribution in the GDMS.

1.1.1 For new or revised GPDs, GPRs, and GIDs, the Approving Authority is the Deputy Center Director.

1.1.2 For administrative revisions, administrative extensions, and revalidations of GPDs and GPRs, the Approving Authority is the owning Director of/Staff Office Chief.

1.1.3 For PGs and WIs, the Approving Authority is the head of the Responsible Office identified in the header of page one of the PG or WI, unless otherwise specified by the head of the Primary Organization.

1.2 The Center Directives Manager (CDM) shall:

a. Manage the GSFC directives program and the GDMS;
b. Direct the Directives Management Team in its daily operations;
c. Serve as the senior point of contact for directives managers throughout the Center;
d. Coordinate the Center review of Agency and Center directives;
e. Post approved documents in the GDMS, including revised and extended documents, updating the Change History log accordingly;
f. Ensure that each DDM receives an advance notice of directives nearing expiration;
g. Chair the GDMS Configuration Control Board (CCB);
h. Train all DDMs when appointed, and DMs as required;
i. Maintain the GPR 1410.1 training module;
j. Attend MSC meetings and report status of the directives program;
k. Ensure that obsolete directives, PGs and WIs are removed from the GDMS Master Documents List upon their cancellation; and
l. Retain Center-level directive case files, and case files for PGs and WIs with Center-wide applicability, as the official record.

These case files shall include:

1. The signed directive;
2. GSFC Form 3-15B, Stakeholder Review Comment Summary Sheet;
3. GSFC Form 3-15, Directives Comment Summary Sheet (Exception: 3-15 not needed for GIDs);
4. GSFC Form 3-15A, Final Directorate Review Comment Summary Sheet;
5. GSFC Form 11-20, Route Sheet.

1.3 Directorate/Staff Office Directives Managers (DDMs) are appointed by the Director Of or Staff Office Chief and shall:

a. Assist and support their organization(s) with directive activities;
b. Ensure adequate review of Agency- and Center-level directives by all organizations within their directorates/offices;
c. Ensure requirement flow-down from Agency-level directives to Center-level directives;
d. Assist directive and PG and WI owners in resolving issues during comment disposition;
e. Ensure that all directives for which their organization is responsible are:
   (1) Prepared, reviewed, coordinated, and clearly written in accordance with prescribed requirements and controls;
   (2) Properly and accurately submitted and posted on GDMS; and
   (3) Maintained current with higher-level directives.
f. Prepare and retain case file for PGs and WIs for projects that do not have DMs, as appropriate (see also Section P.8);
g. Maintain responsibility for general quality of the directives for which their organization is responsible;
h. Serve as a member of the GDMS CCB;
i. Train the DMs in their organization; and
j. Ensure key stakeholders are involved during the development of drafts and/or revisions of Center-level directives for which their organization is the Responsible Office.

1.4 Directives Managers (DMs) are appointed for lower-level organizations within a directorate by the organization head, at their discretion, and shall:

a. Assist in the development and maintenance of directives for which their organization is responsible;
b. Ensure draft directives are prepared in accordance with the prescribed requirements and controls of this GPR;
c. Ensure review of Agency, Center directives, and PGs and WIs as appropriate to their organization;
d. Ensure that all directives and PGs and WIs for which their organization is responsible are:
   (1) Prepared, reviewed, coordinated, and written in accordance with prescribed requirements and controls;
   (2) Properly dispositioned when in review and feedback provided to reviewers. This includes assisting directive sponsors in resolving issues during comment disposition;
   (3) Coordinated with their respective DDM in accordance with prescribed requirements;
   (4) Posted on GDMS; and
   (5) Maintained current with higher-level directives.
e. Prepare and retain case files for their organization's PGs and WIs, as appropriate, including the signed PG or WI and pertinent back-up material, as the official record file of the Responsible Office or the Primary Organization. Directorate Review Summary Report 3-15B is optional for PGs and WIs (see also Section P.8);
f. Maintain responsibility for general quality of the directives and PGs and WIs for which their organization is responsible;

g. Ensure that employees in their organizations are trained to be able to utilize the GDMS;
h. Ensure key stakeholders are involved during the development of drafts and/or revisions of PGs and WIs for which their organization is the Responsible Office
i. Consult their DDM prior to creating a new GID; and

1.5. The CDM and associates that manage the directives program comprise the Directives Management Team. The DMT shall:

a. Verify that each directive has been created using the latest version of the appropriate directive template;
b. Manage the posting of Center-level directives to the GDMS database for review by designated reviewers, under the direction of the CDM;
c. Coordinate the approval process for Center-level directives;
d. Post approved Center-level directives in the GDMS;
e. Provide MSC members a monthly directives status report;
f. Post revised directives into Center review as a "redlined" document when practical;
g. Provide reviewers a description of changes for revised directives undergoing review; and
h. Upon receipt of requests for administrative extensions for Center-level directives, the DMT will prepare a signature package with a copy of the directive and a memo requesting an extension.

1.6 Management System Council (MSC) shall:

a. Facilitate processing of directives that are exceeding the review cycle times as outlined in this GPR, sections 3.1 and 3.2; and,
b. Review all new or revised Center-level directives.

1.7 Directorate MSC representatives shall:

a. Brief the MSC on a "corrective action plan" for each directive that is exceeding the review cycle times as outlined in this GPR, sections 3.1 and 3.2;
b. Work with their DDMs to identify key stakeholders during the processing of Center-level directives for which their organization is the Responsible Office; and
c. Support their DDMs in matters concerning expiring directives.

1.8 The Information and Logistics Management Division oversees the Center Directives program.

1.9 The Labor Relations Office shall review all GPDs, GPRs and GIDs prior to approval by the Center Director or designee. The Labor Relations Office does not review administrative revisions.

1.10 The Office of Chief Counsel shall review all GPDs, GPRs and GIDs prior to approval by the Center Director or designee.

1.11 Primary Organizations shall:

a. Determine the need for a Center-level directive that covers the scope of their assigned responsibilities,
b. Designate a Responsible Office for each Center-level directive for which they are responsible; and
c. Appoint a DDM and provide this information to the DMT.

1.12 Organizations shall:

a. Communicate directives policy throughout their organization;
b. Ensure employees are notified of the requirement to follow the applicable directives;
c. Ensure the directives for which they are responsible are maintained current;
d. Ensure employees have access to those directives applicable to their work; and
e. Appoint a DM, if deemed necessary.

1.13 The Responsible Office shall:

a. Designate a sponsor for each directive for which it is responsible; and
b. Update directives to include new requirements

1.14 Sponsors shall:

a. Prepare and maintain draft directives, PGs and WIs, and revisions for which his/her organization is the Responsible Office, and submit them to his/her organization's DM;
b. Prepare the revision using the latest template;
c. Ensure all key stakeholders are involved during the drafting and/or revision of Center-level directives and PGs and WIs;
d. For revised directives, coordinate with their DDM the description of changes and redlined documents, and list of stakeholders;
e. Disposition comments in accordance with section 3.1.7;
f. Prepare GSFC directives, and PGs and WIs for their organization in accordance with the requirements of this GPR, and
g. Consult their DDM prior to creating a new GID.

1.15 Employees shall:

a. Understand how to use the GSFC directives system, know which directives and PGs and WIs apply to their work, and follow them; and
b. Verify that they are using only the controlled version of a directive, PG or WI by checking the current revision on the GDMS.

CHAPTER 2. General Procedures

2.1 Criteria for Initiating a Directive, PG or WI

2.1.1 General Requirements

2.1.1.1 NASA directives and PGs and WIs shall be used without further documentation when they describe the requirements. Information already published and available on the subject may be referenced, but not repeated. Hierarchy of directives is as follows: NPD, NPR, GPD and GPR.

2.1.1.2 A GSFC directive or PG or WI shall not take exception to requirements of a higher-level directive. When deemed necessary, a waiver shall be obtained in accordance with GPR 1400.1, Waiver Processing.

2.1.1.3 Except as specified herein, GPDs, GPRs, GIDs, PGs, and WIs shall be written and/or revised as described below, using the latest versions of the prescribed templates in the GDMS. Unless otherwise directed, currently approved directives or PGs/WIs do not have to comply with a new template until revised. See 2.7.2.

2.1.1.4 Each page contains a standard header which includes the Document Number, Effective Date, Expiration Date, and Page # of #. Each page also contains a footer containing the link to the GDMS.

2.1.2 GPDs

A GPD shall be created using the GPD template (GSFC Form 3-16) when it is necessary to define Center-level policy. GPDs should be limited to no more than 4 pages plus attachments for definitions, acronyms, and sample metrics that may be text and/or graphics. There shall also be a Change History Log.

2.1.3 GPRs

A GPR shall be created using the GPR template (GSFC Form 3-17) when the subject matter responsibilities and/or implementation affect more than one Primary Organization, where it is necessary to assign responsibilities and/or to provide requirements to ensure implementation of the authority document. GPRs shall contain a Preface consisting of 9 standard paragraphs. Contents beyond the Preface are at the sponsor's discretion. The sponsor may add a Table of Contents before the Preface.

2.1.4 GIDs

A GID shall be created using the GID template (GSFC Form 3-20) when it is necessary to establish an immediate, short-term directive that implements Center requirements quickly, and can fulfill that need for up to 12 months until a GPD or GPR can be processed. The GID template is similar to the GPR template, but there is no need for a Change History Log.

2.1.5 PGs and WIs

2.1.5.1 PGs and WIs are typically created when the subject matter responsibilities affect work within a single Primary Organization only, or in one or more lower-level organizations within that Primary Organization. A PG or WI is developed to implement one or more GPRs or NASA directives within the applicable organization. PGs and WIs should generally be limited to the implementation of a single process or address a single function, project or product.

2.1.5.2 In a few instances, a PG or WI shall specify a Center-wide requirement. Such PGs or WIs shall be identified in the GDMS library as pertaining Center-wide and go through a Center-wide review whenever changes are required.

2.1.5.3 The approving authority shall remain the Head of the Responsible Office.

2.1.5.4 Organizations may adopt as their own a PG or WI issued by another organization. To adopt a PG or WI issued by another organization, the adopting organization attaches a new cover sheet, assigns a new number, and obtains approval and signature from their Approving Authority.

2.1.5.5 A PG shall be created using the PG template (GSFC Form 3-18), and a WI using the WI template (GSFC Form 3-19). PGs are normally a description of a set of requirements for a process which is generally administrative. WIs are generally detailed, step-by-step instructions on how to perform an operation or series of operations, such as calibrating a piece of test equipment, performing a series of tests, etc.

2.1.5.6 In some cases there is a need for posting simple warnings or notices that are of such a minor or temporal nature that posting on the GDMS is of no real value. Organization heads have the authority to post notices at the work site without entering these notices in the GDMS. Examples include: simple safety reminders, specific facility use notices (e.g., refrigerator or lab sink designated "For lab use only"); and guidance as to who should be contacted for general information on facilities, labs, or equipment. The organization head shall review all such notices and evaluate whether they should be incorporated into on-line GDMS work instructions.

2.2 Document Preparation

A GPD, GPR, GID, PG, or WI shall be prepared in MS Word using the electronic templates provided in the GDMS. The following statement, or an approved modification or update, shall appear at the bottom of every page of the directive, PG or WI as shown in the template:

CHECK THE GSFC DIRECTIVES MANAGEMENT SYSTEM AT
http://gdms.gsfc.nasa.gov **TO VERIFY THAT THIS IS THE CORRECT VERSION PRIOR TO USE.**

The sponsor shall prepare revisions using the MS Word version of the currently approved directive available in the GDMS library, and using the latest template. **NOTE:** Currently approved directives do not have to be revised to comply with the new templates until a new revision or revalidation is required.

2.3 Paragraph Numbering

2.3.1 Preface Outline Format

The outline format for the **Preface** paragraphs in GPDs, GPRs, GIDs, PGs, and WIs shall be:

Preface
P.1
P.2
a.
b.
(1)
(a)
i.
ii. (shall not exceed the Roman Numeral level)

Exceptions to the above shall be approved by the CDM.

2.3.2 Text Outline Format

The outline format for the **text** of GPDs, GPRs, GIDs, PGs, and WIs shall be:

1.
1.1 Lists within a sentence are lettered as follows
a.
b.
(1)
(a)
1.2
1.2.1
1.2.1.1 (will not exceed the 4-digit number level)

Exceptions to the above shall be approved by the CDM.

2.3.3 Appendices and Attachments

Use appendices in GPRs and attachments in GPDs. Appendices and Attachments are lettered as Appendix (or Attachment) A: Title; Appendix (or Attachment) B: Title, etc. If the directive's originator creates the appendix, it is recommended that internal paragraphs are numbered or otherwise uniquely identified using either of the methods described above. If the appendix is a document not controlled by the originator, the author's internal numbering will be accepted.

Exceptions to the above shall be approved by the CDM.

2.4 Document Numbering

Numbers will be automatically assigned by the GDMS. All directives and PGs/WIs shall have a subject-classification number, based on its subject, selected from the subject-classification listing provided in NPR 1441.1. The DDM shall select the subject-classification number closest to the main subject of the directive.

2.4.1 Center-Level Document Number (GPD, GPR or GID)

The number assigned to a directive is based on its subject matter. Directives consist of letters identifying the type of directive (GPD, GPR or GID) followed by a 4-digit subject classification number, a decimal point and consecutive number, and a letter indicating the sequential revision of the directive.

GPD 9999. 99Z

revision level *(A, B, etc.)*
directive number or serial
separator
subject classification *(from the Agency Filing Scheme)*
directive type *(PD, PR and ID)*
Center *(G indicates Goddard)*

2.4.2 PG and WI Number

PGs and WIs shall be identified as ORG-PG-xxxx.y.z or ORG-WI-xxxx.y.z, as applicable, where "ORG" is the highest level 3-digit organization code to which the PG or WI applies, "xxxx.y" relates to the higher level directive that is being addressed, and "z" is a sequential number to discriminate between procedures within a series.

303 PG 9999. 9. 9Z

revision level *(A, B, etc.)*
sequential number to identify procedures within a series
higher-level directive number *(if no higher-level directive, the number will appear as a zero)*
separator
subject classification *(from the Agency Filing Scheme)*
document type *(PG or WI)*
org *(highest level 3-digit organization, including a decimal suffix when necessary.)*

Example: 303-PG-8730.1.2 would be the second Code 303 PG addressing GPR 8730.1. However, if there is no existing higher-level Center directive, the number will be generated based on the subject-classification code and the system will generate the number as 303-PG-8730.0.1. The zero indicates the absence of a higher-level Center directive.

Approved revisions shall be uniquely identified with an upper case letter suffix corresponding to Revision A, Revision B, etc. These suffixes shall follow the last number in the numerical series.

Examples: 303-PG-8730.1.2A; 303-WI-8730.1.2A

2.5 Case Files

2.5.1 When a directive, PG or WI is considered to be in its final form, a case file shall be prepared and included in the final approval signature package as it goes forward for signature. The case file shall include, at a minimum, records of reviews, review comments, disposition of all comments, and the final signature copy of the directive.

2.5.2 Case files, including case files of obsolete and superseded directives or PGs and WIs, are permanent and are retained in accordance with NPR 1441.1. See P.8.

2.6 Effective and Expiration Dates

2.6.1 All directives and PGs and WIs shall have an effective date and an expiration date. The effective date is the date the Approving Authority signs the directive, PG or WI. The expiration date is 5 years or less from the effective date. The expiration date may be extended as described in 2.7.

2.6.2 Directives and PGs and WIs shall not be allowed to expire. Directives and PGs and WIs that are no longer needed shall be withdrawn or canceled as described in 2.8. Exception: GIDs may be canceled at any time, and shall expire, without extension, when 12 months old.

2.7 Maintaining Currency of Directives and PGs and WIs

2.7.1 GSFC directives, PGs and WIs shall be kept current with higher-level directives. Responsible Offices shall review GSFC directives, PGs and WIs for currency whenever applicable Agency directives and GSFC directives are created or revised. Directives, PGs and WIs can be revalidated (up to 5 years), administratively extended (up to one year), or revised in order to maintain currency.

a. DDMs are notified when new directives or revisions are released. DDMs shall notify appropriate document sponsors, i.e., sponsors of Center-level directives, PGs, and WIs.
b. These document sponsors shall review each new release to determine whether it has any effect on the content of their document.
c. Based on these reviews, document owners shall report back to their DDMs within 30 days with the following information:
   (1) Whether or not an update is necessary;
   (2) If an update is necessary, they shall document a plan to correct the problem, and submit the plan with their response; and
   (3) The plan shall include a short description of the action and the planned completion date.
d. Document sponsors shall confirm or update their corrective action plan to their DDMs every 30 days until the document update is completed.

2.7.2 Immediate revisions are generally not required solely due to template changes or due to a change of a referenced document or form. This type of change may be made as part of an administrative revision or the next full revision.

2.7.3 Directives and PGs and WIs may be revalidated for up to 5 years from the original expiration date when the document is current, necessary and no substantive changes are required. The revision letter will not change. In cases where administrative changes occur as a result of the revalidation process, but no substantive changes (e.g., changes in policy) are required, the revision letter shall change and be reflected in the Change History log as revalidation with administrative changes. When a directive is revalidated with no changes, only the expiration date and Change History Log are changed, and the header will indicate the revalidation under the Effective Date (e.g., Revalidated mm/dd/year).

2.7.4 An administrative extension may be granted to extend the expiration date of a directive and PG or WI for up to one year to allow time for revision. If applicable, administrative revisions may be incorporated during this process. Administrative extensions retain the same revision letter, and are granted only if a revision has been initiated. Permission for an administrative extension may be granted to the directive sponsor contingent on a written (e-mail) request from the DDM to extend the directive. For PGs and WIs, the DM or DDM may request an extension memo template from the DMT, or have the extended document itself signed by the office head. The memo or document is signed by the Director of or designee.

2.7.5 When a revision is necessary, the directive, PG or WI shall be reissued in accordance with the process for issuing new directives as described in this GPR. Revisions to approved directives and PGs/WIs shall be reviewed and approved by the function or organization that performed the initial review, or by an individual(s) designated by the Approving Authority (or designee) who has access to the pertinent data to ensure a sound decision

2.7.6 In the case of an Administrative Revision, the revision is only required to be reviewed by the responsible DDM and CDM. The Administrative Revision shall be described in the Change History Log and the corrected directive approved by the Approving Authority. The effective date will reflect when the revision was approved and the revision letter will change, while the expiration date remains the same.

2.7.7 The GDMS provides DDMs with a 270-day advance notice of directives nearing expiration. When GPDs, GPRs and GIDs are 120 days from expiring, progress on revalidation, revision, cancellation or administrative extension shall be reported to the MSC, and reporting continued until the activity is completed.

2.7.8 Directives, PGs and WIs that are in the comment disposition phase with no activity for 12 months will be canceled.

2.8 Obsolete Directives and PGs and WIs

2.8.1 Directives and PGs and WIs that become obsolete without revision shall be withdrawn from the GDMS Document Master List within 30 days after the expiration date. In this case, the GDMS record shall be retained in the GDMS Library listing, indicating the directive, PG or WI is canceled without replacement.

2.8.2 Directives, PGs and WIs that become obsolete by replacing them with other directives or Controlled Documents shall be canceled and replaced. In this case, the GDMS Library listing shall indicate that it is replaced and cite the replacement directive or document number.

2.8.3 Users may not use obsolete documents to perform work unless they have obtained a waiver to do so (see GPR 1400.1, Waiver Processing). To ensure against use of any previous/obsolete versions of any directive or PG or WI, users shall destroy obsolete hard copies of directives and PGs and WIs, or mark as Obsolete.

2.8.4 Check GDMS for the current directive, PG or WI. Printed copies of directives, PGs or WIs shall be clearly marked "For Reference Purposes Only."

2.9 GDMS Master Document List Contents

The Master List shall show, as a minimum, the following information for each listed directive and PG and WI:

a. Unique document number;
b. Revision letter;
c. Document title;
d. Effective date;
e. Expiration date; and
f. Name of point-of-contact and Responsible Office

CHAPTER 3. Processing Procedures for Directives

3.1 Procedures for Developing, Approving, and Revising (Substantive Revisions) GPDs and GPRs

The DMT coordinates the development, approval, and substantive revision of GPDs and GPRs using the following process. The sequence of activities and cycle time targets are shown in Figures 3-1 and 3-2.

3.1.1 Each organization is responsible for designating a sponsor for each draft directive for which it is the Responsible Office, and for ensuring internal support to the sponsor. The sponsor shall coordinate all new directives and revisions with the DDM to determine current requirements.

3.1.2 All new or revised Center directives (GPDs, GPRs, and GIDs) shall include all key stakeholders in the document development prior to Center Review. The DDM shall coordinate a stakeholder review in the GDMS, before submitting the directive for Center review.

3.1.3 For Center Review, the directive is distributed to the DDMs, who may then designate additional reviewers as appropriate. In the case of Management System (MS) directives, all members of the MSC are also reviewers. A DDM who receives notification that a draft directive is ready for review shall designate appropriate personnel in his/her organization as reviewers, coordinate collection of comments, and post them to the GDMS. DDMs shall ensure the review opportunity is extended to all division-level organizations, or lower where appropriate.

3.1.4 Reviewers shall be given at least 10 working days to review the directive and applicable documents, and submit comments. The CDM may allow a longer period when warranted. All comments shall be entered into GDMS or will not be accepted.

3.1.5 The sponsoring organization can save time during a review process by requesting accelerated submission of comments (within the 10-day period); submission by the DDM constitutes completion of that organization's review.

3.1.6 Once the review period has ended, the sponsor shall disposition all comments that address revision changes. Comments that correct shortcomings or technical flaws elsewhere in the directive shall also be addressed and dispositioned. All other comments may be considered by the author to be outside the scope of the revision; these comments need not be incorporated but they should be taken under consideration. This should be completed within 30 work days for GPDs or 45 work days for GPRs. Directives exceeding the review cycle time as outlined in this GPR, section 3.1 and 3.2, will be reviewed by the MSC for remedial action.

3.1.7 The Responsible Office shall disposition each comment as follows:

a. Incorporate the comment;
b. Contact the reviewer or reviewing DDM and reach agreement on how to handle the comment; or
c. If agreement is not reached, elevate the issue to the next higher level of management.

3.1.8 After all Center review comments are dispositioned, the sponsor forwards to the DDM the most recent electronic version of the directive and the Center Review Summary Report 3-15 from Center reviews. The DDM shall secure approval of the owning primary organization, verify that the directive meets all directives requirements and is ready for final review, and route the package to the DMT.

3.1.9 The Final Directorate Review, conducted in GDMS, secures each directorate's approval of the directive. The review period should be at least 10 working days, except as provided in section 3.1.5. Responses are limited to Concur, Concur with Comments, or Nonconcur with Comments. A non-response will be considered a Concurrence. If the response is Nonconcur with Comments, the comments shall require disposition with concurrence by the commenter.

a. All comments shall be entered into GDMS or will not be accepted; and
b. All comments as a result of the Final Directorate Review should be dispositioned within 10 days for GPDs or 15 days for GPRs.

3.1.10 After completion of Final Directorate Review, the sponsor prepares the signature package (see Section 2.5) which includes a hard copy of the following: the final draft directive, the Center Review Summary Report GSFC Form 3-15, the Final Directorate Review Summary Report GSFC Form 3-15A, and Directorate Review Summary Report GSFC Form 3-15B. The sponsor routes the Case File (hard copy and MS Word files) through their DDM to the DMT. As a minimum, the route sheet shall be signed by the sponsor, the DDM, the Director Of/Staff Office Chief, and the CDM.
3.1.11 The DMT shall review the file for completeness and accuracy, and initiate the signature process.

3.1.12 After a new or revised Center-level directive is approved and posted, GDMS transmits an automatic notification of the title and document number to the DDMs so they may alert appropriate personnel within their organizations.

Figure 3-1. Process Flow for GPDs and GPRs (1 of 2)

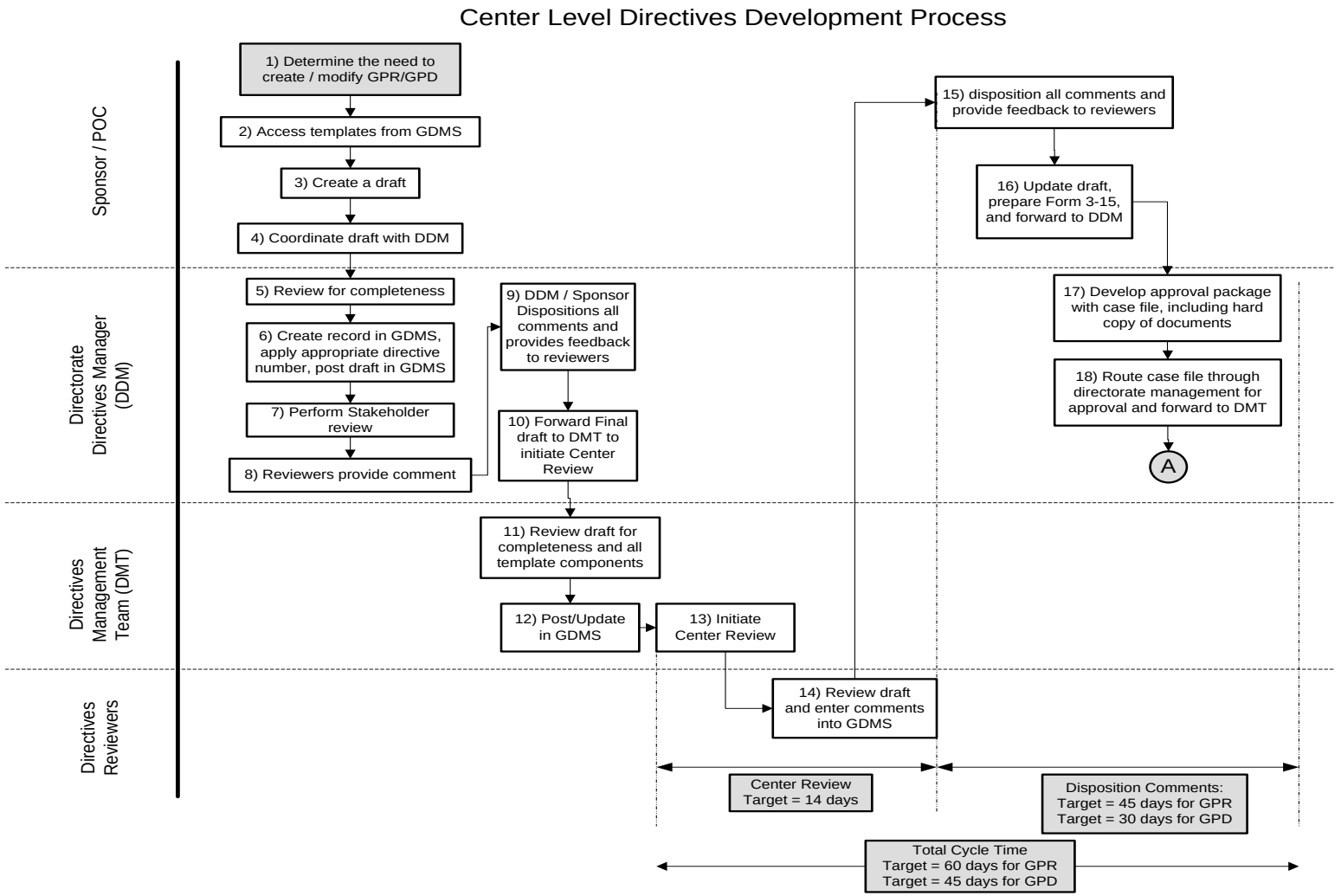
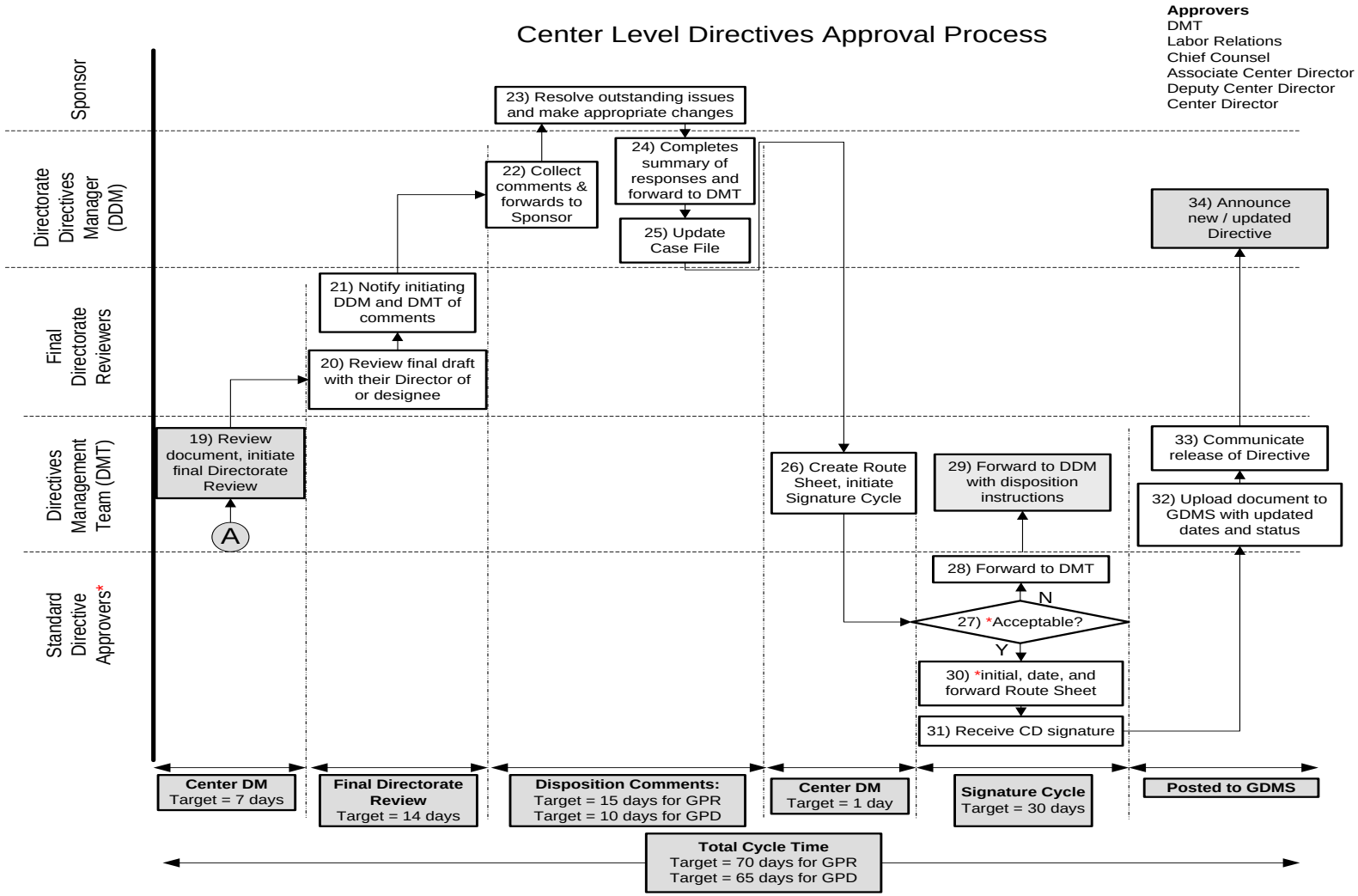


Figure 3-2. Process Flow for GPDs and GPRs (2 of 2)



3.2 Procedures for Developing and Approving GIDs

The DMT coordinates the development and approval of GIDs using the process outlined below. The sequence of activities and cycle time targets are shown in Figure 3-3.

3.2.1 Each organization is responsible for designating a sponsor for each draft GID for which it is the Responsible Office, and for ensuring internal support to the sponsor. The sponsor shall coordinate the GID with the DDM to determine current requirements. The DDM shall coordinate a stakeholder review and forward the final draft to the DMT to review and initiate the Final Directorate Review.

3.2.2 For the Final Directorate Review, the directive is sent to DDMs, who shall secure their directorate's approval of the directive. The review period shall be at least 10 working days. Responses are limited to Concur, Concur with Comments, or Nonconcur with Comments. A non-response shall be considered a Concurrence. If the response is Nonconcur with Comments, the comments shall require disposition with concurrence by the commenter. All comments shall be entered into GDMS or may not be accepted.

Submission by the DDM constitutes completion of that organization's review.

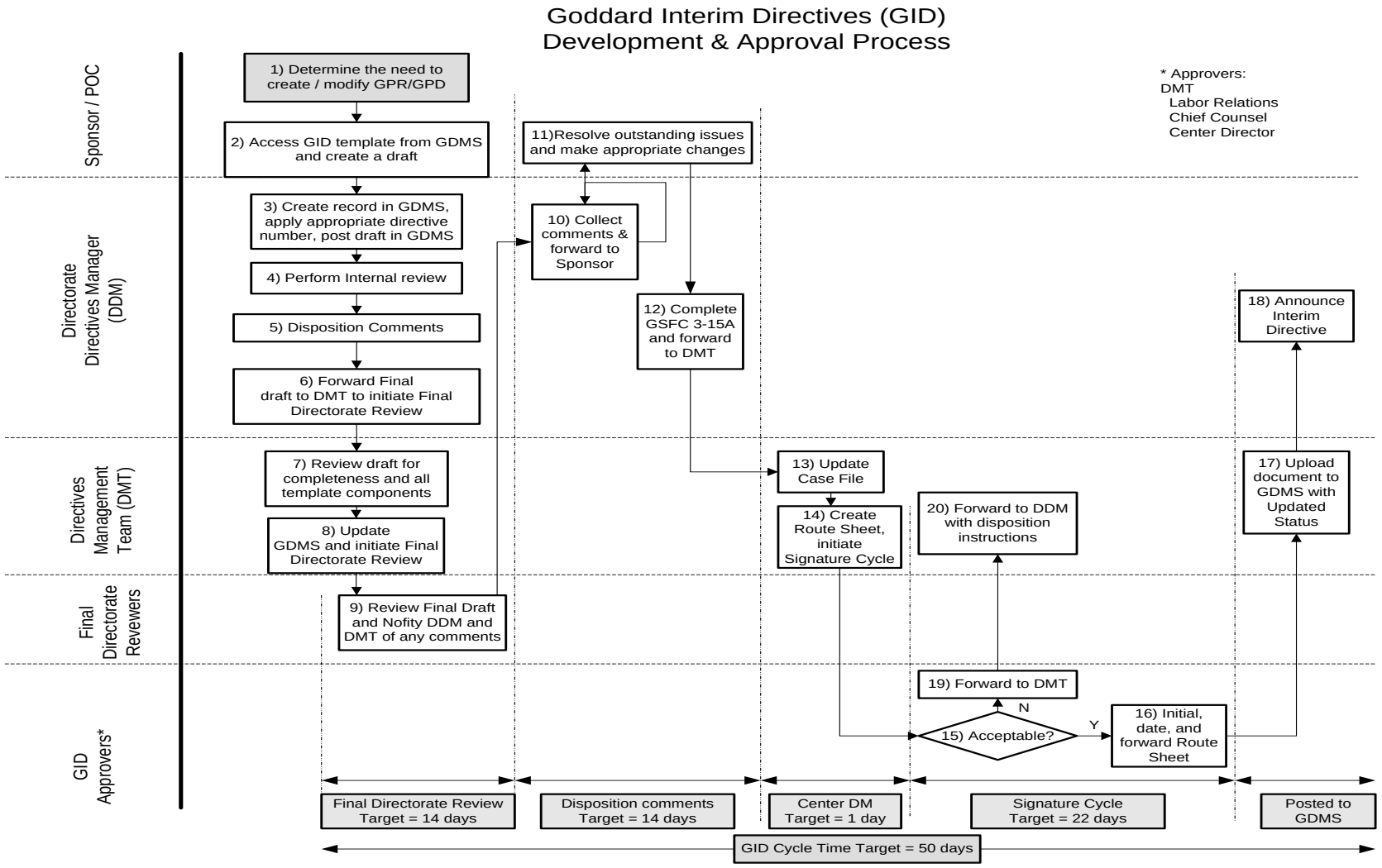
a. This enables the sponsoring organization to save time during the review process by requesting accelerated submission of comments (within the 10-day period)
b. All comments as a result of the Final Directorate Review should be dispositioned within 10 working days.

3.2.3 After completion of Final Directorate Review, the sponsor prepares the signature package (see Section 2.5) which includes a hard copy of the final draft directive and the Final Directorate Review Summary Report GSFC Form 3-15A, and Directorate Review Summary Report GSFC Form 3-15B. The sponsor forwards the Case File (hard copy and MS Word files) through their DDM to the CDM. As a minimum, the route sheet shall be signed by the sponsor, the DDM, the Director Of/Staff Office Chief, and the CDM.

3.2.4 The CDM shall review the file for completeness and accuracy and initiate the signature process.

3.2.5 After a GID is approved and posted, GDMS transmits an automatic notification of the title and document number to the DDMs so they may alert appropriate personnel within their organizations.

Figure 3-3. Process Flow for GIDs



3.3 Procedures for Developing and Approving PGs and WIs

The DM of the owning organization coordinates the PG and WI development and approval process as outlined below. The sequence of activities is shown in Figure 3-4. When the organization has no DM, the DDM will assume the responsibilities.

3.3.1 The sponsor shall prepare and submit a draft PG or WI through the DM for review.

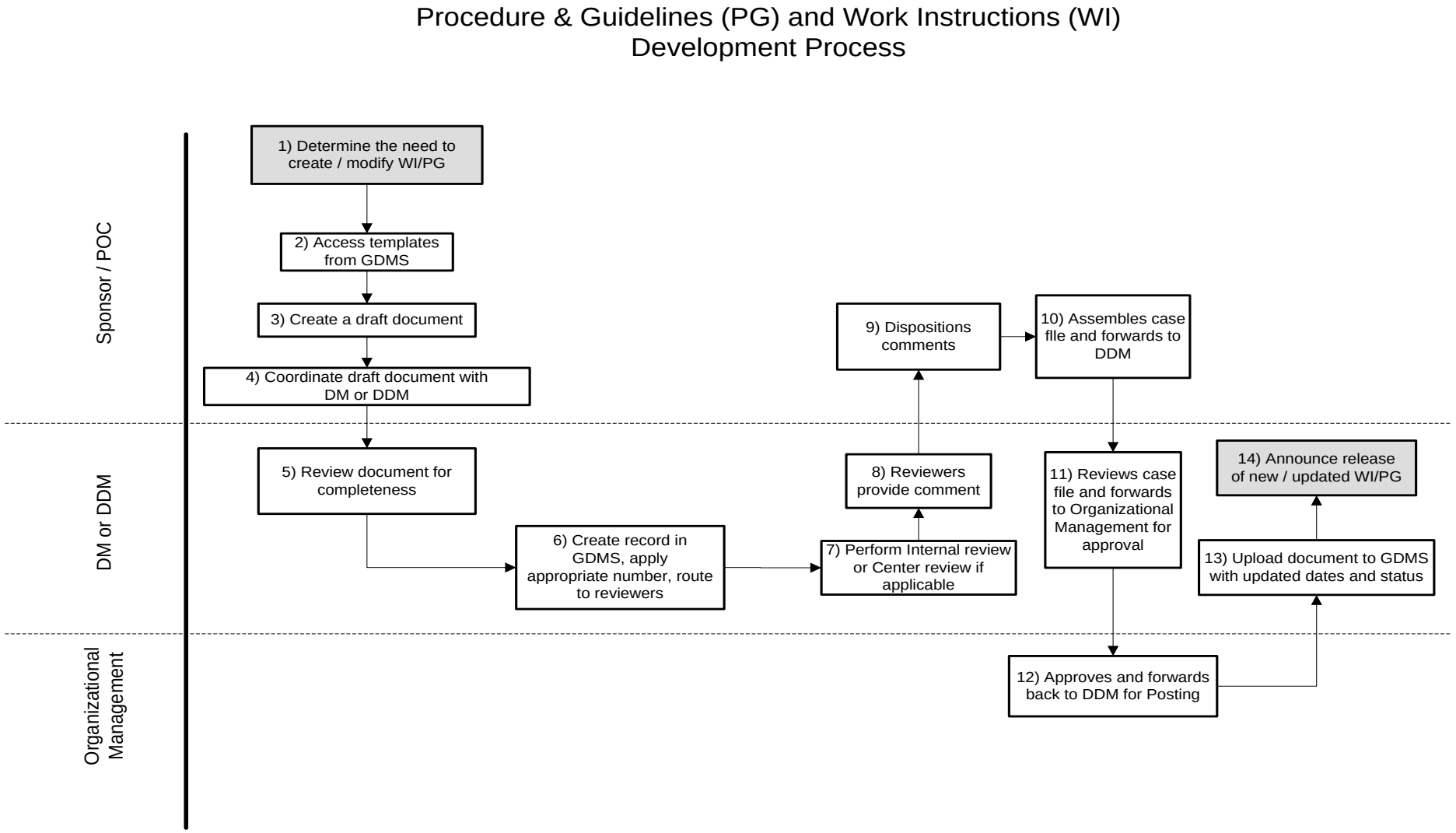
3.3.2 The DM shall review the draft PG or WI and approve it to proceed with the review process, verifying the format, assigning a document number, and assigning reviewers. The draft PG or WI may be posted on the GDMS for formal review and comments, or the organization may choose to review the document outside of GDMS. The DDM shall be a required reviewer.

3.3.3 The sponsor shall disposition reviewer comments and send the final draft PG or WI to the DM, along with any records pertinent to the development of the final document. The DM shall keep the case file as described in 2.5.3.

3.3.4 The DM reviews the Case File and works with the sponsor to resolve any remaining issues. Once all issues are resolved, the DM shall recommend document approval, obtain signature from the Approving Authority, and update the Word file with the approval information. Then the DM shall post and release the PG or WI on GDMS, or send the Word file to the DDM for posting and release on the GDMS.

3.3.5 PGs and WIs identified as having Center-wide applicability shall go through a formal Center-wide review in GDMS. The DMT shall post the document for a 2-week Center review; the document sponsor shall disposition comments and resolve issues arising from the review. Once approved, the head of the owning organization will sign off on the PG or WI. The case file for Center-wide PGs and WIs shall be maintained by the DMT.

Figure 3-4. Process Flow for PGs and WIs



3.4 Procedures for Revalidating Directives

3.4.1 Center-Level Directives

The DMT coordinates the revalidation of directives using the following process. The sequence of activities is shown in Figure 3-5.

3.4.1.1 The Responsible DDM shall notify the DMT of intent to revalidate a directive at least 90 days prior to expiration.

3.4.1.2 The DMT shall forward the notice to the DDMs for review and concurrence. If DDMs see no requirements for substantive changes, they shall concur. If comments indicate the directive needs to be changed beyond the scope authorized as an administrative change, the process stops and a revision is needed.

3.4.1.3 If there are no nonconcurrences, the DMT updates the header of the directive with the new effective and expiration dates, and indicates the document was revalidated in the effective-date field. The directive's revision letter remains the same. The Change History Log is updated accordingly.

3.4.1.4 The responsible DDM shall present the directive and case file to the responsible Director Of/Staff Office Chief for signature, and forward the signed directive to the DMT.

3.4.1.5 The DMT updates the directive in the GDMS.

3.4.2 PGs and WIs

The DM coordinates the revalidation of PGs and WIs using the following process.

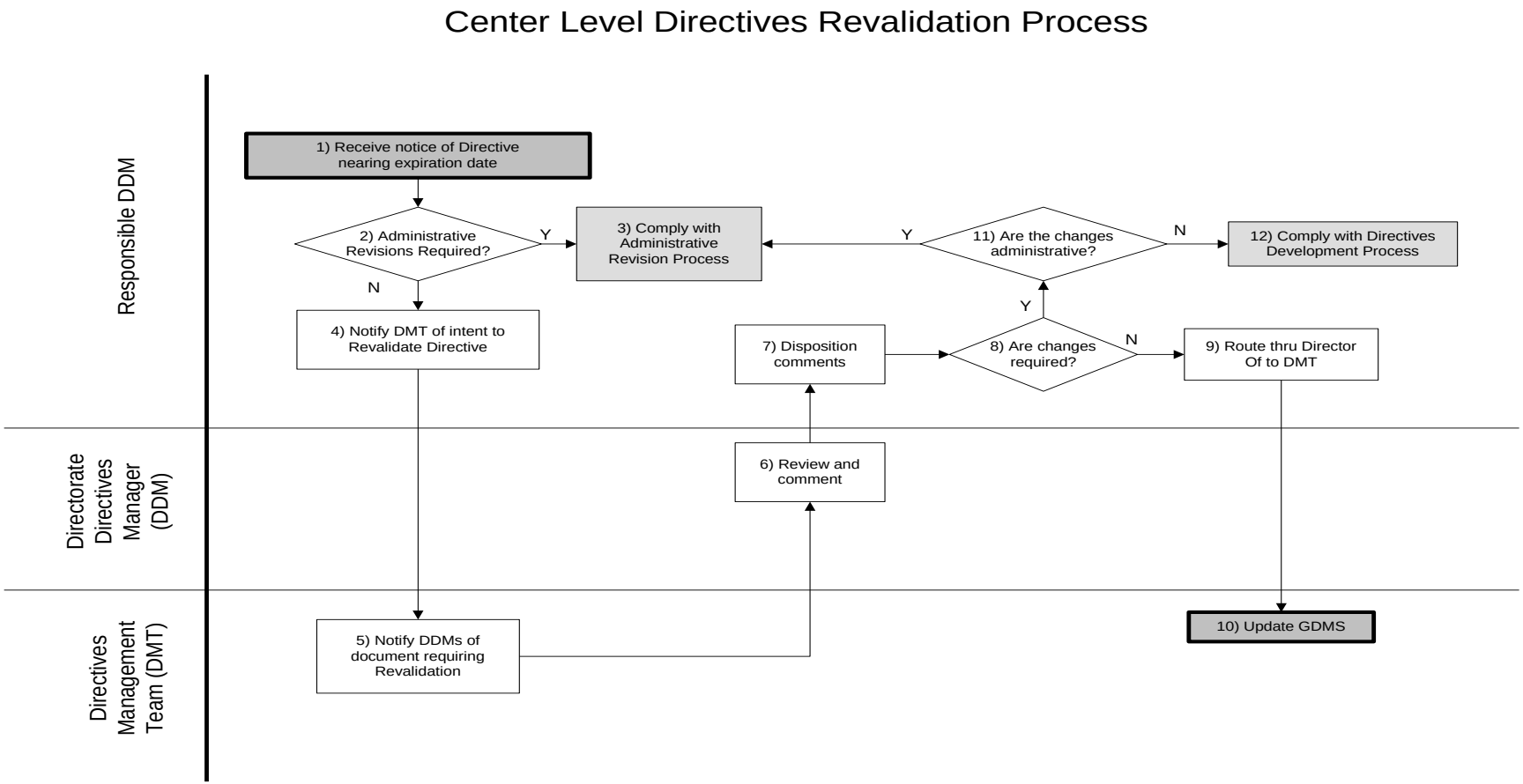
3.4.2.1 The Responsible DM determines the need to revalidate a PG or WI.

3.4.2.2 The DM shall have the PG or WI reviewed as appropriate to ensure that no substantive changes are necessary. The DDM shall be a required reviewer. If there are substantive changes, the process stops and a revision is needed. If the PR or WI has Center-wide applicability, the DMT shall post the PG or WI for Center review.

3.4.2.3 If there are no nonconcurrences, the DMT updates the header of the PG or WI with the new effective and expiration dates, and indicates the document was revalidated in the effective-date field. The revision letter remains the same. The Change History Log is updated.

3.4.2.4 The DM finalizes the Case File and updates the PG or WI on GDMS, with approval of the DDM.

Figure 3-5. Process Flow for Revalidating Directives



Definitions:
Revalidation: No change. Maintains Effective Date, Extends Expiration Date.

3.5 Procedures for Administrative Revisions to Directives and PGs and WIs

3.5.1 Center-Level Directives

The DMT coordinates the administrative revision of Center-level directives using the following process. The sequence of activities is shown in Figure 3-6.

3.5.1.1 The owning organization determines the need for administrative changes.

3.5.1.2 The responsible organization updates the directive with required changes including an updated Change History Log and a new revision letter.

3.5.1.3 The responsible DDM reviews and forwards the case file to the DMT.

3.5.1.4 The DMT finalizes the signature package and routes the directive to the responsible DDM for signature by the responsible Director Of/Staff Office Chief.

3.5.1.5 The responsible DDM returns the signed copy and the case file to the DMT to update the GDMS and retain the case file.

3.5.2 PGs and WIs

The DDM or DM coordinates the administrative revision of PGs and WIs using the following process:

3.5.2.1 The owning organization determines the need for administrative changes;

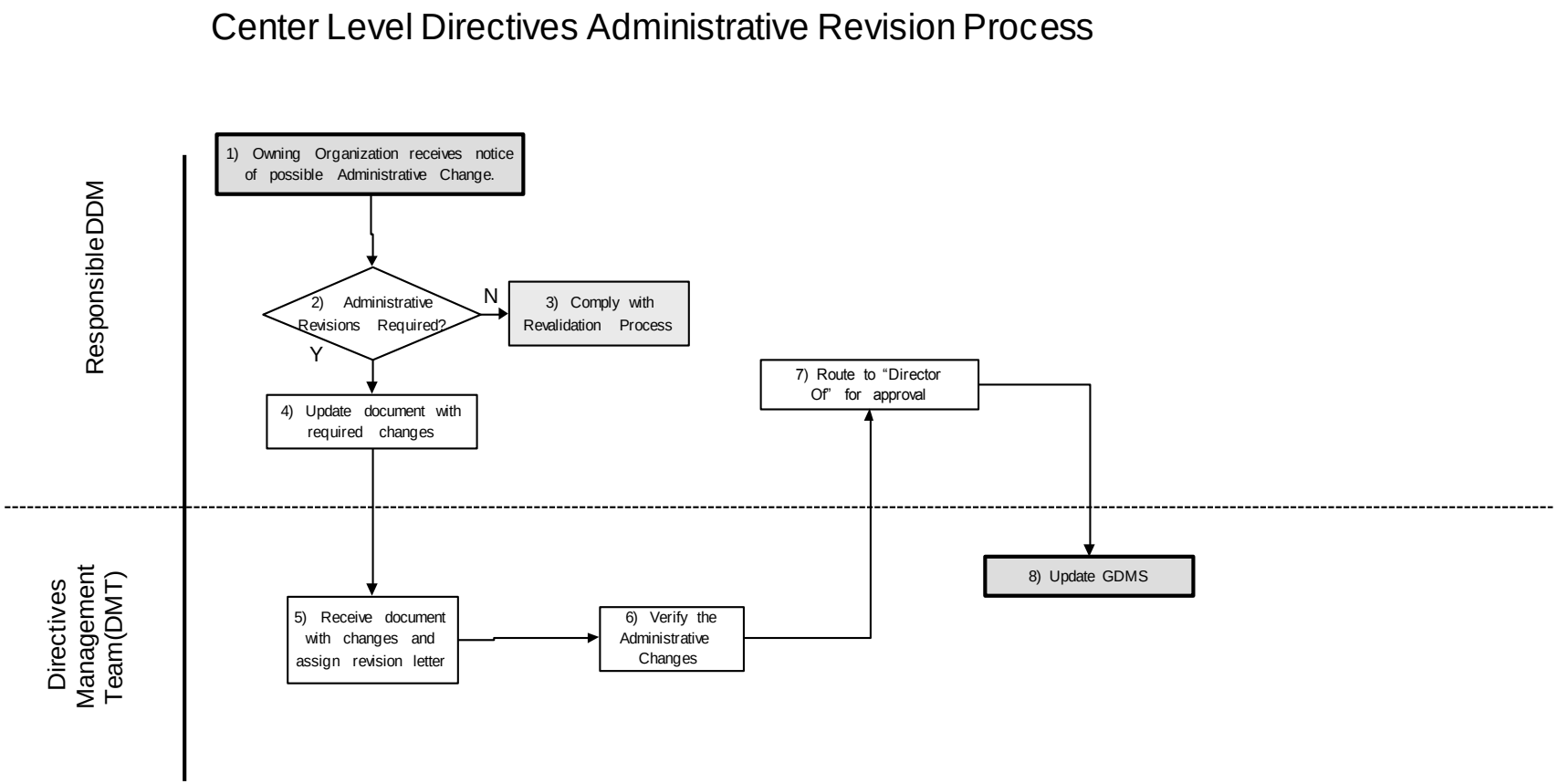
3.5.2.2 The responsible organization updates the PG or WI with required changes including an updated Change History Log and a new revision letter;

3.5.2.3 The responsible DDM/DM reviews and forwards the case file to the responsible office for approval;

3.5.2.4 The responsible DDM/DM updates the GDMS and retains the case file; and

3.5.2.5 If the PG or WI applies Center-wide, the responsible office is the DMT.

Figure 3-6. Process Flow for Administrative Revisions to Directives



Definitions

Administrative Revision: Administrative Changes Only. Revision Required, Maintains Expiration Date, Changes Effective Date.

3.6 Procedures for Administrative Extensions of Center-level Directives

3.6.1 Center-level Directives

An administrative extension may extend the expiration date of a Center-level directive for up to 12 months. It is only allowed when it is not possible to complete a revision of a directive before it expires. The DMT coordinates the administrative extension using the following process. See also section 2.7.4.

3.6.1.1 The responsible DDM shall notify the DMT of intent to administratively extend a directive.

3.6.1.2 The DMT shall prepare a signature package and return it to the DDM.

3.6.1.3 Administrative extensions are signed and approved by the responsible Director Of/Office Chief.

3.6.1.4 The DMT shall post the updated directive in GDMS and update the GDMS record.

3.6.2 PGs and WIs

The responsible DDM or DM shall initiate an administrative extension of a PG or WI. The DDM or DM shall prepare for signature a copy of the document with the extended date, or a memo requesting an extension.

3.6.2.1 PGs and WIs, or the requesting memo, are signed and approved by the Branch Head or Division Chief.

3.6.2.2 The DDM shall post the updated directive in GDMS and update the GDMS record.

3.6.2.3 If the PG or WI applies Center-wide, the DM shall forward the memo or signed document to the DMT which maintains the case file for Center-wide PGs and WIs.

3.7 Controlled Forms and Templates

a. Forms referenced in approved Center-level directives (GPDs, GPRs, and GIDs) shall be available on the GDMS Forms Master List. The GDMS Forms Master List also identifies the originating organization, which is the organization responsible for maintaining currency of the form.
b. GSFC forms shall *not* be included as part of approved directives. If a form is available in electronic format and resides on the GDMS Forms Master List, the directive may contain a hyperlink to the Forms Master List. Forms currently contained in released directives shall be removed the next time the directive is revised.
c. Drafts of new forms that are required by a draft directive shall be available for review with the directive, and approved and posted on the Forms Master List before the directive is signed.
d. See GPR 1420.1, Forms Management, for requirements for controlled forms. Templates are considered to be forms and shall be controlled in the same manner.

APPENDIX A: Definitions

A.1 Administrative Extension – An administrative process for advancing the expiration date of an approved directive, PG or WI for a maximum of one year while the directive is being revised. See Section 3.6.

A.2 Approved Directives Master List – A listing of the current versions of all approved directives. It is available on the Main Menu and the Guest Menu. It includes several separate listings:

(1) GPD & GMI Master List
(2) GPR & GHB Master List
(3) GID Master List

A.3 Approving Authority – An individual authorized to sign and approve a directive and PG or WI. See Section 1.1.

A.4 Case File – The hard copy record documenting the review and approval process for a directive and PG or WI. See Section 2.5.

A.5 Center-level Directives – Policy and procedural requirements documents with Center-wide applicability. There are three types: Goddard Interim Directive (GID), Goddard Policy Directive (GPD), and Goddard Procedural Requirements (GPR).

A.6 Change History Log – A table documenting the history of all or recent change activities associated with a directive and PG or WI, and appearing as the last page(s). An example of a Change History Log can be found at the end of this directive.

A.7 Controlled Document – Any document, other than a directive, that requires change control through a formal, documented review and approval process prior to distribution. They include, but are not limited to, an organization's project plans, test plans, etc., as discussed in GPR 1410.2.

A.8 Controlled Version – The only correct version of an approved directive or PG or WI. It is the electronic version cited on the GDMS Document Master List and is also on the GDMS Library listing as the latest released version. This version matches the signed version in the current directive, PG or WI Case File (see Section 2.5). A copy printed from the electronic system is considered uncontrolled, although it may match the controlled version.

A.9 Directive – A document that formally prescribes policy, procedures, and requirements necessary to conduct business. A directive is approved by the appropriate authority, and distributed through the GDMS. The GDMS addresses the following types of directives, each of which serves a specific purpose:

(1) Goddard Interim Directive (GID) – A temporary directive used when there is an immediate need for a directive that implements Center requirements quickly, and can fulfill that need for up to 12 months until a GPD or GPR can be processed.
(2) Goddard Policy Directive (GPD) – A policy statement with Center-wide applicability that describes what is required by GSFC management for achieving NASA's vision and mission.
(3) Goddard Procedural Requirements (GPR) – A statement of specific, detailed requirements with Center-wide applicability that implement NASA and GSFC policies.

A.10 Directives Manager – The individual in an organization (Directorate, Program/Project/Office/ Division/Laboratory, Branch) that has been designated as the point of contact responsible for matters pertaining to directives management. There are three levels of Directives Managers.

(1) Center Directives Manager (CDM) – The individual designated by the Center Director as the primary point of contact for matters pertaining to the GSFC Directives Program. The CDM manages the GDMS.
(2) Directorate Directives Manager (DDM) – The individual designated as lead Directives Manager representing a GSFC functional office or Directorate.
(3) Directives Manager (DM) – An individual designated with directives management responsibilities for a Program/Project/Office/Division/Laboratory or Branch.

A.11 Directives Management Team (DMT) – The team of Government employees responsible for performing all duties necessary for the daily operation of the GSFC Directives program, as well as posting directives and updates to GDMS.

A.12 Disposition of Comments – The process of addressing or incorporating reviewers' comments into a directive or PG or WI.

A.13 Form – A basic tool, whether printed or electronic, used to collect and transmit information. Forms are controlled according to GPR 1420.1.

A.14 Goddard Directives Management System (GDMS) – A system that maintains the collection of approved directives, PGs and WIs, and forms issued by GSFC. It provides a controlled method for initiating, reviewing, approving, distributing, revising, tracking, managing, and canceling GSFC directives and PGs/WIs, including hard copy and electronic media.

A.15 GDMS Forms Master List – A listing of the collective set of forms that reside on the GDMS.

A.16 GDMS Library Lists – Listings of directives and PGs and WIs that include all versions of approved directives and PGs and WIs, including obsolete versions and the current version, plus pending revisions. This site is only available to GSFC employees who log onto the GDMS.

A.17 Management System (MS) – The GSFC business system that documents the methodology whereby GSFC produces quality products.

A.18 Management System Council (MSC) – A group of representatives from the Directorates and Offices of the Executive Council that oversees the MS as described in GPR 1060.1.

A.19 Management System (MS) Documentation – The documents that establish the implementation of GSFC roles, missions, responsibilities, and methods necessary to ensure compliance with the GSFC MS in meeting customer requirements. These documents may include NASA and GSFC directives, all documents related to the MS such as procedures, plans, or handbooks, as well as customer and external documents to the extent specifically referenced.

A.20 NASA On-line Directives Information System (NODIS) – The system that provides access to Agency directives and Center directives for retrieval, viewing, and printing.

A.21 NASA Records Retention Schedules (NRRS) – The NASA directive (NPR 1441.1) that provides instructions on the mandatory retention and disposition of records of an organization or the Agency.

A.22 Obsolete Version – A directive that has been superseded or canceled. Obsolete versions are available in the GDMS Library listing, but do not appear on the directives, PG or WI Master List.

A.23 Procedures and Guidelines (PG) – A documented description prescribing how a GSFC organization shall perform its own activities. Typically applies to a single directorate or to organization(s) within that Directorate but can apply Center-wide if so authorized by a Center-level directive.

A.24 Primary Organization – Any organization reporting directly to the Center Director.

A.25 Record – All books, papers, maps, photographs, machine readable materials, or other documentary materials, regardless of physical form or characteristics, made or received by an agency of the United

States Government and needed to document Agency activities or actions. Examples of records are: completed Work Order Authorizations (WOAs), on-the-job training (OJT) records, nonconformance reports (NCRs), and routing sheets demonstrating required review of customer agreements or contracts.

A.26 Record Custodian – An individual who is responsible for collecting, indexing, accessing, filing, storing, maintaining, and dispositioning a record or collection of records. See GPR 1440.8, Records Management.

A.27 Responsible Office – The organization, identified in the header of a directive, PG or WI, that has responsibility for the function or process described in a directive, PG or WI. The Responsible Office for each directive and PG or WI creates and maintains the directive or PG or WI and the unique forms associated with each.

A.28 Retention – The length of time that records are kept. See GPR 1440.8, Records Management, and NPR 1441.1, the NASA Records Retention Schedule.

A.29 Revalidation – The process used to extend the expiration date of a directive or PG or WI when the directive or PG or WI is current, necessary, and no changes are required.

A.30 Review – The process of evaluating and commenting on directives or PGs or WIs prior to signature. There are three main types of reviews:

(1) Stakeholder Review – A review of a directive or PG or WI within and/or at the request of the responsible organization. It includes all key stakeholders, and has the objective of refining the directive or PG or WI to the maximum extent possible. Previously called the internal, or directorate, review, all comments from directive stakeholder reviews are entered into GDMS..

(2) Center Review – A process whereby all primary organizations are asked to review and comment on Center directives. Primary organizations, through their DDMs, route the directives to appropriate organizations and individuals within their directorates to ensure an adequate review. All comments resulting from the Center Review are entered into GDMS.

(3) Final Directorate Review – A process to ensure that directorate senior management has an opportunity to review Center-level directives after the comment disposition phase is complete, and before the directive is signed by the Center Director. All comments resulting from the Final Directorate Review are entered into GDMS.

A.31 Revision – A change to an approved directive. There are two types of revisions:

(1) Administrative Revisions – A correction to an approved directive that does not change the substance or content of the document. Changes include typographical or spelling errors, corrections to organization codes or organization names, and corrections to identifiers to reference documents and URLs. Directives and PGs and WIs receive a new revision letter when administrative changes are approved.

(2) Substantive Revisions – A change to the substance or content of the directive or PG or WI. Directives and PGs/WIs receive a new revision letter when substantive revisions are approved.

A.32 Revision Letter – An incrementing letter that appears as the last character of a directive or PG or WI number and is used to track historical revisions to a directive, PG or WI.

A.33 Sponsor – An individual designated with overall responsibility for the content, changes and records associated with a controlled document or directive.

A.34 Stakeholders – A group or individual who is affected by or is in some way accountable for the outcome of a process.

A.35 Template – Similar to a form, a template is a tool, with space for entry of information, that guides the user to generate text or content in a certain format or sequence. For example, GSFC Form 3-17 is the GPR template. Templates are controlled according to GPR 1420.1.

A.36 Uncontrolled Copies – Any copies of a directive or PG or WI, printed or electronic, that are not displayed in real time by the GDMS or any other valid document control database.

A.37 User – Any person who uses or refers to any directive or PG or WI during the performance of a specific task.

A.38 Working Documents List – An option in the GDMS that enables users to create a personal library of directives, PGs or WIs, and forms frequently used to support his/her function.

A.39 Work Instruction (WI) – A documented description of detailed activities to be carried out by an individual or group to accomplish a specific task or set of closely related tasks that affect work of only a single directorate or organization(s) within that directorate. Typically applies to a single directorate or to organization(s) within that Directorate but can apply Center-wide if so authorized by a Center-level Directive.

APPENDIX B: Acronyms

CCB	Configuration Control Board
CDM	Center Directives Manager
DDM	Directorate/Staff Office Directives Manager
DM	Directives Manager
DMT	Directives Management Team
GDMS	Goddard Directives Management System
GHB	Goddard Handbook
GID	Goddard Interim Directive
GMI	Goddard Management Instruction
GPD	Goddard Policy Directive
GPR	Goddard Procedural Requirements
GSFC	Goddard Space Flight Center
MS	Management System
MSC	Management System Council
NASA	National Aeronautics and Space Administration
NPD	NASA Policy Directive
NPR	NASA Procedural Requirements
NRRS	NASA Records Retention Schedules
OJT	On-The-Job-Training
PG	Procedures and Guidelines
WI	Work Instruction
WOA	Work Order Authorization
URL	Uniform Resource Locator

APPENDIX C: Documentation Control Requirements for Product Documentation

The ISO 9001 and AS-9100 quality systems standards require that documents required by the quality management system be controlled by documented procedures. At GSFC, the requirements for each category of documents are given below.

Document Type	Controlling Procedure
GSFC Center-level Directives (GPDs, GPRs, and GIDs)	GPR 1410.1
PGs and WIs	GPR 1410.1
Controlled documents (non-directives)	GPR 1410.2
Forms and Templates • GSFC Forms Master List • Organizational Forms	 GPR 1420.1 GPR 1410.2 and 1420.1
Engineering Drawings	GPR 1410.2
External Documents/Data	GPR 1410.2

CHANGE HISTORY LOG

Revision	Effective Date	Description of Changes
Baseline	02/12/99	Initial Release
A	05/21/99	• TOC - P.6 added to Preface to cover quality records • P.4 – Added reference to GPG 1440.7 • P.4 -- Replaced the Quality Records definition with that contained in GPG 1440.7 • 1.3 – New definition for Quality Record Custodian • 1.3 - New definition for Quality Record Retention Period • 1.3 – Expanded definition of Directives Manager • 1.6.2 – Made GSFC Form 3-15 optional for PG's and WI's • 1.6.3 – New para to address reviews conducted outside of the GDMS. • 2.1.4 - Defined process for adapting another org's PG's or WI's • 2.1.5.1 – New paragraph to address minor or temporal notices • 3.2, P6 – Modified to identify quality record requirements. • 3.3, P.6 inserted to cover cancellations. • 3.3, P.7 inserted to cover quality records • 3.4, P.4 – Modified to identify quality record requirements. • 3.4, P.8 inserted to cover cancellations. • 4.2 – Changed approving authority for PG's and WI's from office head to Responsible Individual, expanded role of Lower Level Directives Managers • 4.3 added to cover "other document control systems"
B	08/18/99	• Modified Table of Contents to include: 2.2 Document Preparation; • Paragraph Numbering; and Chapter 5: Flow Diagrams • Modified P.6, second entry to state that the GSFC 3-15 is optional for lower-level directives (now agrees with 1.6.2) • 1.3 – Added Administrative Correction, CCB, FRC and NRRS. • 1.3p. – Expanded definition of Master Documentation List • 1.4 – Expanded CDM & DM responsibilities to cover CCB • Modified 2.2 to provide general documentation prep guidelines • Added 2.3 to address paragraph numbering • 2.8 – removed reference to "substantive and non-substantive changes" • 3.2, 3.3 & 3.4 – included explanation of what to include in the cancellation preface paragraph. • 3.2, 3.3 & 3.4 – included reference to Preface paragraph P.6 of this GPG as sample format. • Modified 3 & 4 – included various references to MS Word file • Modified 4.1.5 to requirement to send final electronic WORD document to the CDM for posting. • Added 5.1 Center-Level Process Flow Diagram • Added 5.2 Directorate and Lower-level Process Flow Diagram • Appendix B – Removed Column III Substantive

CHANGE HISTORY LOG *Continued*

Revision	Effective Date	Description of Changes
C	04/04/00	• Changed title to read Directives Management • Changed Master *Documentation* List throughout the GPG to read GDMS Directives Master List • Remove GSFC Form 3-15 from Appendix B and change all references within the GPG to a hyperlink to the GDMS Forms Repository. • Changed Appendix C to B including all references. • Changed all occurrences to read *Quality Records* Table • Added reference to GPG 1410.2 in the TOC, 1.1, and Appendix A • Added 4.3 Forms to TOC • Modified P.1 to include reference to forms. • Added new definitions to 1.3 for Controlled Document, External Documents, Form, and Obsolete Version • Added responsibility to 1.4 for GDMS System Administrator • Modified 1.4g by removing the words "for legal propriety". • Removed second paragraph under 2.1.5.1 • Removed second sentence from the second paragraph of 2.2 • Modified 2.3 and 2.4 to better clarify paragraph numbering and document numbering. • Modified second paragraph of 2.9 to clarify when a directive will appear on the Master Document List • Modified 2.9, item (4) to read "revision letter" • Modified Chapter 3 to include descriptions of the Preface paragraphs and removed optional from all Preface paragraphs. • Modified 3.3, second paragraph to state that a PG will have P.1 thru P.7 plus an Implementation section. • Modified 3.3 by removing the number P.8 as part of the Preface and identifying the Implementation section as part of the body of the PG. • Modified 3.4 by inserting a paragraph 3 stating that a WI will have P.1 thru P.8 plus an Instructions section. Flow diagram is optional. • Modified 3.4 by removing the number P.9 and P.10 as part of the Preface and identifying them as part of the body of the WI. • Modified 4.1 and 4.2 to include references to Case Files covered in 1.6. • Added a sentence to 4.1.1 to address internal document review process covered in Process Flow Diagram 5.1.1 • Modified 4.1.4 and 4.1.5 to clarify the resolution of comments prior to signature • Modified 4.2.5 for clarification purposes by separating into two paragraphs. Numbered the second paragraph as 4.2.6 • Deleted 4.3 GDMS vs. Existing Document Control Systems. This process is now covered by GPG 1410.2. • Inserted new 4.3 Controlled Forms • Modified numbering on Flow Diagrams • Modified 5.1.2 (last page of flow diagram) and 5.2 (last page of flow diagram) by adding the word "Library" to the triangle. • Modified the GDMS templates to comply with changes to this GPG. • Corrected Effective Date of Baseline document on Change History Log from 01/12/99 to 02/12/99

CHANGE HISTORY LOG *Continued*

Revision	Effective Date	Description of Changes
D	10-26-01	• Moved the period in the Preface numbers between Letter and number rather than after the number (e.g., P1. is now P.1) • Added new Preface paragraphs to cover Safety, Training, and Metrics. • Moved Definitions to Preface. • Modified templates (GPG, PG and WI) by rearranging Preface paragraphs and renaming for consistency. Added Safety, Training and Metrics to Preface in templates. • Deleted distinctions between "quality" records and records to comply with GPG 1440.7 • P.4 – added a new reference for GPG 1060.1, GPG 1420.1, GPG 3410.2, and GSFC Forms 3-15, 3-16, 3-17, 3-18, and 3-19. • P.8 – added definition of FRC and NRRS under table. • P.10b -- in response to NCR GDMS2000081101 changed Approving Office to Approving Authority and modified definition. • P.10 -- Modified definition Controlled Version. • P.10 -- Expanded definition for Directive to include GMI and GHB. • P.10 -- Expanded definition for Work Instruction under Directive. • P.10 -- Expanded definition of Directives Manager • P.10 -- Added new definitions for "Template" and "Working Documents List" • P.10 -- Deleted Controlled Nonelectronic Version and Correct Version. Substituted Controlled Version in their place. • P.10 -- Deleted definition for external documents. • P.10 -- Added definition for the GDMS Library List and GDMS Forms Master List. • Modified all references to GDMS Directives Master List to read GDMS Master Document List. • 1.3a – added responsibilities for Approving Authority • 1.3 – added definitions for Sponsor and Responsible Office • Changed all occurrences of OPR throughout document to read "Responsible Office". • 2.4.2.1 – modified to cover directives that have no existing Center-level directive • 2.7 Signature Authority –moved to 1.3a • Revised processing requirements in Section 4 to be consistent with Responsible Office and different levels of DM's. • Clarified need for Directorate review of GPG's. • Added clarification that administrative changes (i.e., Document Title and form title), do not have to be made immediately. See NOTE under 2.7. • Clarified that use of directive templates is mandatory • 4.1 and 4.2 – clarified procedures for Center-Level directives • 4.1.4 -- Added new paragraph for training module updates. • 4.3.1 – removed paragraph number • 4.3.2 – removed paragraph number and added a third sentence to reference GPG 1420.1, Forms Management • 4.3.3 thru 4.3.6.3 – deleted since it is now covered in GPG 1420.1 • Updated 5.1.1 to clarify Directorate Review Process for GPD's and GPG's

CHANGE HISTORY LOG *Continued*

Revision	Effective Date	Description of Changes
E	03/01/05	As directed during the FY04 Center Rules Review, the Responsible Office modified this document to remove requirements that were no longer needed and to clearly distinguish requirements from supporting information. Administrative changes were made throughout to correct responsible organization names and codes, and to retitle Goddard Procedures and Guidelines (GPG) to Goddard Procedural Requirements (GPR). All changes were reviewed and approved by the Goddard Quality Management System Council (QMSC).
F	10/16/06	• General revision to update organizational names and codes. • General rewrite and reformatting of document, and merged chapters 2 and 4. • Revised process maps and moved them into the body of document at chapter3, deleting chapter 5. • Added Goddard Interim Directive process, revalidation, administrative revision and extension procedures to document. • Added P.11 to Preface. • Added new GID template to document at 3.2. • Added target timelines for processing Center-level directives. • Added enhanced requirements for Case Files and Comments Disposition. • Added Final Directorate Review Process.
G	06/15/11	• Incorporated requirements of GID 1410.2 • General re-organization of document • Clarified roles and responsibilities • Included language to allow Center-wide applicability for certain PGs and WIs • Defined process for maintaining currency of directives